

FCC Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

Iowa

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

351209

Study Area Code(s) (SAC)

I35 Telephone Company

ETC Name(s)

Interstate Communications

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs, attach additional sheets if necessary)

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial PM

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555  
November 2012

**Section 2: All ETCs** (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial *PM*

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
12	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
12	7	5	0	5	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
0	0	0	0

FCC Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** PHC

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed



Signature of Officer

Vice President of Operations

Title of Officer

David Sherlock

Person Completing this Certification Form

Patrick McGowan

Printed Name of Officer

December 4, 2012

Date

641-765-4201

Contact Phone Number

CO # : 036  
OCN # : 1209

ARML Report  
Billing Name, Billing Address, Including Bundle Elements  
For Bill Cycle Date 5/1/2012  
Exclude Partial of Less Than 30 Days - Exclude Disconnects  
INTERSTATE 35 TELEPHONE CO

Page 1 of 1  
12/4/2012 9:11:36 AM  
dsherlock

All Accounts All Customers All Networks

Active Tiers

Include Tiers Having At Least 1 of the Selected Services

130

No Service Exclusions

All Geographic Areas

Name	Bus/Res	Account No	Level	Tier Number	Inactive Date	Address
WANDA M FREEBERG	R	1663	Net	6417654207	10/02/2012 ✓	101 W NORTH ST PO BOX 193 TRURO, IA 50257-0193
BRUCE GAFFEY	R	259	Net	6412972376	✓	14793 50 AV PROLE, IA 50229-9563
DELORES GAMBLE	R	598	Net	6413962426	✓	ATTN SHARRY HANNA 210 N WALNUT ST SAINT CHARLES, IA 50240-9594
CHARLES GERHART	R	152	Net	6412972262	No Response	18746 58 AV NEW VIRGINIA, IA 50210-9753
ALICE GRACEY	R	2066	Net	6417654815	No Response	245 N HULL ST PO BOX 185 TRURO, IA 50257-0185
DARRELL & JAMI HUSTED	R	77	Net	6412972409	No Response	700 IOWA ST ST MARYS, IA 50241
KEN & PAM MADISON	R	1828	Net	6417654456	No Response	111 W NORTH ST TRURO, IA 50257
VOLTAIRE & MABEL SENECAUT	R	1786	Net	6417654396	No Response	455 N JACKSON ST PO BOX 131 TRURO, IA 50257-0131
CAROLYN SPRINGER	R	3118	Net	6417654303	✓	103 W NORTH ST TRURO, IA 50257
PATRICIA VAN SICKLE	R	2043	Net	6417654780	✓	3350 RUSTIC TRAIL TRURO, IA 50257
JANET WADLE	R	3677	Net	6413962355	✓ 09/21/2012	310 N MORGAN ST APT 16 SAINT CHARLES, IA 50240
JAMES & DINAH WHITE	R	2808	Net	6413962136	✓	313 W MARKET ST SAINT CHARLES, IA 50240